



Office of Housing, Building & Construction
Division of Plumbing
101 Sea Hero Road
Frankfort, Kentucky 40601-4332
(502) - 573 -0397, Fax (502)-573-1058

Permit No. _____

Cost of Permit _____

Date _____

PLUMBING CONSTRUCTION PERMIT APPLICATION

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the State Plumbing Code.

Location _____
(Street) (County) (City) (Subdivision)

Owner's Name _____ Address _____

Public Building, Type and Name _____ Plan No. _____ Case No. _____

CHECK EACH BLANK THAT APPLIES: ☐ New Construction ☐ Existing Unit ☐ Single Family Unit

☐ Multi Family (_____ Units) ☐ Other ☐ Mobile Home ☐ Modular ☐ Farmstead Exemption Not Applicable

Water Supply – Municipal _____ Private _____ Sewage Disposal – Municipal _____ Private _____ Sewage # _____

Type	No.	Type	No.	Type	No.	Type	No.
Water Closets		Sinks		Laundry Trays		Roof Drains	
Bath Tubs		Service (Sinks)		Floor Drains		Open Receptacles	
Lavatories		Drinking Fountains		Sewage Ejector Pumps		Water service (only)	
Showers		Dishwashers		Sand Traps		House sewers (only)	
Urinals		Special Fixture		Automatic Washers		Water Heaters	

Inspections	Date	Inspector	Remarks	Notes
Piping Underground			2", 3", 4", 5", 6", other _____ PVC ABS Cast Iron Other _____ Test: Air Water	
Piping Above Ground			PVC ABS Cast Iron other _____ Copper CPVC Pex Other _____ Test: Air Water	
Water Service			¾", 1", 1 ½", 2", 3", other _____ Copper PVC CPVC Pex Other _____	
House Sewer			4", 5", 6", 8", other _____ PVC ABS Cast Iron Other _____ Test: Smoke Water	
Water Heater			Serial No.	
Final Inspection				

The Office of Housing, Building & Construction, Division of Plumbing is issuing this plumbing construction permit upon your request in accordance with KRS 318:134 and Regulation 815 KAR 20:150, and you the undersigned must be and are fully aware that you are responsible for this installation in its entirety and until its completion and its your responsibility to notify, request and obtain all inspections as required. And if for any reason you fail to complete this installation it will be your responsibility to notify this Office immediately.

Master Plumber / Homeowner Signature _____ License No. _____

Complete Address _____

Office / Home Phone Number _____ Moblie Phone Number: _____

